

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 8</p>																						
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td>Mr</td> <td>John</td> <td>R</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Ryan</td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mr	John	R		NICKNAME	LAST	SUFFIX			Ryan			<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received <i>1/15/19 - January Semi-Annual</i></p> <p>Date Hand-delivered or Date Postmarked</p>						
MS / MRS / MR	FIRST	MI																							
Mr	John	R																							
NICKNAME	LAST	SUFFIX																							
	Ryan																								
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<table style="width:100%;"> <tr> <td style="width:20%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:20%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 97</td> <td></td> <td>Denton</td> <td>TX</td> <td>76202</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 97		Denton	TX	76202													
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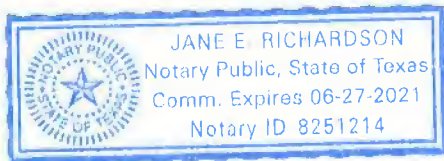
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <p style="text-align: center;">John R. Ryan</p>		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2101.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 126.38
	4. TOTAL POLITICAL EXPENDITURES		\$ 2221.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 619.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 4700.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John Ryan

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Ryan, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

Jane E. Richardson
Signature of officer administering oath

Jane E. Richardson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME John R. Ryan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2101.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2095.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2**2** FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

12/13/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Hugh Coleman

6 Contributor address;

City; State; Zip Code

506 Ridgcrest Cir

Denton, TX 76205

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee Ramsey

Contributor address;

City; State; Zip Code

525 S Loop 288, Suite 105 Denton, TX 76205

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leah Johnson

Contributor address;

City; State; Zip Code

2405 Winthrop Hill Rd Denton TX 76226

Amount of contribution (\$)

\$501.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marc Moffit

Contributor address;

City; State; Zip Code

2708 Crater Lake LN Denton, TX 76210

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

12/31/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Richard Hayes

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

819 W Oak St

Denton, TX 76201

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

John R. Ryan

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

9/6/18

7 Name of lender

John Ryan

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

\$300.00

6 Is lender
a financial
Institution?

Y N

8 Lender address; City; State; Zip Code

43 Wellington Oaks Cir Denton, TX 76210

10 Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political
account (See Instructions)☐**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

10/15/18

Name of lender

John Ryan

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$200.00

Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

43 Wellington Oaks Cir Denton, TX 76210

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political
account (See Instructions)☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME John R. Ryan		3 Filer ID (Ethics Commission Filers)	
4 Date 7/18/18		5 Payee name CitiBank Credit Card			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code P.O. Box 78009 Phoenix, AZ 85062			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/28/18		Payee name CitiBank Credit Card			
Amount (\$) \$200.00		Payee address; City; State; Zip Code P.O. Box 78009 Phoenix, AZ 85062			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/02/18		Payee name CitiBank Credit Card			
Amount (\$) \$200.00		Payee address; City; State; Zip Code P.O. Box 78009 Phoenix, AZ 85062			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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Polling Expense
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Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME John R. Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/18	5 Payee name Grass Routes	
6 Amount (\$) \$1495.00	7 Payee address; City; State; Zip Code 2541 S I35 Suite 200-189 Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	

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